



1635

Practitioner's Docket No. 701826-051150

PATENT

RECEIVED

OCT 31 2002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Paolo Renzi

Application No.: 09/719,737

Filed: 06/29/2001

For:

Group No.: 1635

Examiner: Karen A. Lacourciere

TECH CENTER 1600/2900

ANTISENSE OLIGONUCLEOTIDES FOR TREATING ATOPIC DISEASES  
AND NEOPLASTIC CELL PROLIFERATION

#10

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.8(a) and 1.10)

I hereby certify that this correspondence:

1. Transmittal Form (1 pg.);
2. Restriction Requirement (3 pp.);
3. Change of Correspondence Address in Application (1 pg.);
4. Return Receipt Postcard;

is on the date shown below being:

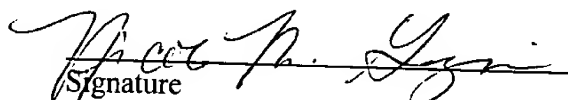
MAILING

☒ deposited with the United States Postal Service  
and with sufficient postage as first class mail in an  
envelope addressed to BOX ASSIGNMENT,  
Assistant Commissioner, for Patents, Washington,  
D.C. 20231.

FACSIMILE

transmitted by facsimile to the Patent  
Trademark Office.

Date: October 24, 2002

  
Signature

Nicole M. Gignac

(type or print name of person certifying)



Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/719,737
	Filing Date	06/29/2001
	First Named Inventor	Paolo Renzi
	Group Art Unit	1635
	Examiner Name	Karen A. Lacourciere
	Attorney Docket Number	701826-051150
Total Number of Pages in This Submission		

RECEIVED

OCT 31 2002

TECH CENTER 1600/2900

ENCLOSURES <i>(check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Cert. of Mail; Return Receipt Postcard.
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	The Commissioner is authorized to charge fee deficiencies to the NIXON PEABODY LLP deposit account 50-0850.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David S. Resnick (Reg. No. 34,235) NIXON PEABODY LLP, 101 Federal Street, Boston, MA 02110
Signature	
Date	10/24/02

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 10/24/2002	
Typed or printed name	Nicole M. Gignac
Signature	
Date	10/24/2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.